

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/29/2010  
FORM APPROVED  
OMB NO. 0938-0391

45th 8/11/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  44A114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  06/23/2010
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NAME OF PROVIDER OR SUPPLIER

LAKESHORE HEARTLAND

STREET ADDRESS, CITY, STATE, ZIP CODE

3025 FERNBROOK LANE  
NASHVILLE, TN 37214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 176 SS=D	<p>An annual Recertification survey and Complaint investigation #'s 24803, 25351, and 25464, were completed on June 21-23, 2010, at Lakeshore Heartland. No deficiencies were cited under CFR Part 483.13, Requirements for Long Term Care Facilities related to the Complaint investigations. 483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE</p> <p>An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to assess for self administration of medications for two residents (#2, #16) of sixteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on April 20, 2007, with diagnoses including Dementia, Congestive Heart Disease, and Osteoporosis. Medical record review of the Minimum Data Set (MDS) dated May 13, 2010, revealed the resident had intact short and long term memory, and required assistance with activities of daily living.</p> <p>Observation on June 23, 2010, at 7:45 a.m., with Licensed Practical Nurse (LPN) #1 in the resident's room revealed 12 Gas-X capsules and one 0.41 fluid ounce, 7/8 full bottle of Walgreen's Oral Analgesic with Benzocaine (local anesthetic) on the resident's over the bed table.</p>	F 176	<ol style="list-style-type: none"> <li>On 06/23/10 the medications were removed from the rooms of the residents in question. The Self Administration of Medication Assessment was completed for both residents, and each resident was deemed to be safe to self administer medications. An MD order was obtained and the medications in question were returned to both residents and placed on each resident's MAR for monitoring.</li> <li>On 06/23/10, the Director of Nursing (DON) and the MDS Coordinator checked all resident rooms for medications and inappropriate items. Any items found were removed.</li> <li>On 06/22/10 the Housekeeping Supervisor in-serviced the Housekeeping staff and the DON in-serviced the nursing staff regarding looking for medications and inappropriate items when they are in residents' rooms. On 06/27/10, the Social Services Director sent out a letter to all responsible parties regarding acceptable and unacceptable items that can be kept at bedside. The Social Services Director will address this issue with the responsible party when completing new admission paperwork. The nursing staff will be in-serviced again on 07/13/10 during a mandatory in-service by the DON.</li> <li>QA rounds will be performed by the administrative nursing staff daily. The DON will randomly audit resident rooms for 3 months. If no exceptions are identified, the random audits will cease.</li> </ol>	07/13/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Judy French*

Administrator

07/07/10

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

JUL 12 2010

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F 176	<p>Continued From page 1</p> <p>Interview with the resident on June 23, 2010, at 7:47 a.m., revealed the resident used both medications as needed, did not record or report to the nurses when used, and had not been assessed for self administration of medications.</p> <p>Interview on June 23, 2010, at 7:48 a.m., with LPN #1 confirmed the LPN was unaware if the resident had been assessed for self administration of medications and there had been no physician order to allow the resident to self administer medications.</p> <p>Resident #16 was admitted to the facility on June 5, 2007, with diagnoses including Stroke with left side Hemiparesis, Glaucoma, and Hypertension. Medical record review of the MDS dated May 27, 2010, revealed the resident had intact short and long term memory, required assistance with activities of daily living, and limited range of motion (ability to move) with one arm.</p> <p>Observation and interview on June 21, 2010, at 6:50 p.m., in the resident's room revealed one 96 count bottle, ¼ full of Tums on the resident's over the bed table. Interview with the resident revealed the resident took the Tums as needed, did not record when used or reported to the nurses when used, and was unsure if had been assessed for self administration of medications.</p> <p>Interview on June 21, 2010, at 6:55 p.m., with LPN #2 in the resident's room revealed the resident had had the Tums on the over the bed table for over a month.</p> <p>Interview on June 22, 2010, at 4:50 p.m., in the MDS office with the LPN, MDS coordinator, and</p>	F 176			

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F 176	Continued From page 2 the Director of Nursing confirmed the resident was not assessed for self administration of medications, and no physician order had been obtained for the resident to self administer medications.	F 176			
F 327 SS=D	483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION  The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.  This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to maintain proper hydration for one resident (#9) of sixteen residents reviewed.  The findings included:  Resident #9 was originally admitted to the facility November 14, 2007, with diagnoses including Failure to thrive, Diabetes, Dementia, Renal Disease and Anemia. Medical record review of the facility's Admission Evaluation and Interim Care Plan revealed the resident had readmitted to the facility from a hospital stay on May 22, 2010, with diagnoses including Right Leg Surgical Wounds and Foley Catheter. Further medical record review of the Admission Evaluation revealed the resident was dependent on staff for bed mobility and transfer.  Medical record review of the Medical Nutrition Therapy Assessment revealed "potential for dehydration due to leaving 25% (of meals) having UTI (Urinary Tract Infection) and poor cognition."	F 327	1. On 06/23/10, the Director of Nursing (DON) checked and placed the water pitcher within reach for this resident. A small glass was also provided to the resident so that she can more easily hold it. This information was placed on the CNT and resident care plan on 06/23/10. 2. On 06/23/10, the Quality Assurance CNT checked all residents for ice and water within reach. 3. On 06/23/10, the Director of Nursing in-serviced nursing staff regarding the importance of hydration, when to offer water and re-educated regarding TLC time. The hydration cart will be offered to all residents during the 10 am and 2 pm hours. 4. The charge nurse will monitor water availability during medication passes. The administrative nursing staff will conduct QA Rounds daily. The DON will conduct random spot checks for water accessibility for 3 months. If no exceptions are identified, the random audits will cease.	07/13/10	

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F 327	Continued From page 3 Continued medical record review of the nurse's notes revealed the resident had poor meal and fluid intake. Medical record review of the comprehensive care plan dated November 16, 2009, under the problem of alteration in nutrition revealed there were no specific approaches to keep the resident hydrated.  Observation of the resident in bed on June 21, 2010, at 6:45 p.m., 7:40 p.m., June 22, 2010, at 9:44 a.m., and June 23, 2010, at 7:26 a.m., and 10:45 a.m., revealed the water pitcher out of the reach of the resident. During the above observations, the water pitcher was positioned on a table at the foot of the resident's bed. Observation on June 23, 2010, at 7:26 a.m., revealed the resident in bed feeding self breakfast.	F 327			
F 431 SS=D	Interview with the administrator on June 23, 2010, at 11:00 a.m., in the administrator's office confirmed the facility had failed to provide hydration for the resident. <b>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</b>  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary	F 431	1. On 06/23/10, the Director of Nursing (DON) posted a sign on the med room door indicating "Authorized Personnel Only", and staff was in-serviced the same day. The Central Supply Clerk was individually in-serviced by the DON. 2. The 4 <sup>th</sup> floor med room was monitored on 06/23/10 and no unlicensed personnel entered. 3. Signs will remain on both med room doors. On 06/23/10, the DON in-serviced nursing, housekeeping and central supply staff regarding this issue. Only licensed personnel will have access to med room and keys. 4. All licensed nurses will be responsible for monitoring this issue. DON will spot check this issue for the next 3 months. If no exceptions are identified, the random audits will cease.	07/13/10	

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F 431	<p>Continued From page 4</p> <p>instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and interview, the facility failed to ensure only licensed personnel had access to the medication room.</p> <p>The findings included:</p> <p>Observation on June 23, 2010, at 9:35 a.m., of the third floor medication room revealed Licensed Practical Nurse (LPN) #1 opened the medication room door and allowed the central supply clerk to enter the medication room unsupervised. Continued observation revealed LPN #1 walked down the hallway and out of visual supervision of the medication room. Continued observation revealed the central supply clerk was in the</p>	F 431			

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F 431	Continued From page 5 medication room unsupervised for ten minutes.  Interview on June 23, 2010, at 9:45 a.m., with the central supply clerk revealed "they let me in when I stock the medication room and no one stays with me."  Review of the facility's Storage of Medications policy revealed "...Only persons authorized to prepare and administer medications shall have access to the medication room, including any keys..."  Interview on June 23, 2010, at 10:15 a.m., in the conference room with the Director of Nursing confirmed unlicensed personnel must be supervised when in the medication room.	F 431			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to	F 441	1. On 06/22/10, the Environmental Services Director in-serviced housekeeping/laundry staff regarding the proper process for the handling, storing, processing of linen. 2. On 6/22/10, the Environmental Services Director contacted a contractor regarding a door to separate the soiled linen side from the clean linen side in the laundry area. The contractor measured for and ordered a door on 07/06/10. 3. The door will be installed to separate the dirty and clean sides in the laundry area. Protective clothing (gowns) will be worn by the laundry personnel when handling soiled linens. 4. The housekeeping/laundry supervisor will conduct spot checks of the laundry staff regarding the use of protective clothing and proper handling and processing of linen for 3 months. These checks will be discontinued if no exceptions are identified.	07/30/10	

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F 441	<p>Continued From page 6</p> <p>prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to handle clean linens so as to prevent the spread of infection.</p> <p>The findings included:</p> <p>Observation on June 23, 2010, at 10:00 a.m., in the facility laundry revealed one employee handling soiled linen then folding clean linen while wearing the same uniform. Further observation revealed no physical separation between the soiled linen side of the laundry area and the clean.</p> <p>Interview with the Environment Manager and the Administrator on June 23, at 11:00 a.m., confirmed the soiled linen must be processed separate from the clean linen to minimize aerosolization of waste products and staff</p>	F 441			

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F 441	Continued From page 7 handling soiled linen should remove outer uniform covering before handling clean linen.			F 441			

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